County of Sacramento **Department of Health Services** **Division of Behavioral Health Services** **Policy and Procedure**		Policy Issuer (Unit/Program)	**QM**
		Policy Number	**QM-10-31**
		Effective Date	**04-19-2016**
		Revision Date	**07-01-2020**
Title: **Children and Adolescent Needs and Strengths (CANS) Assessment Standards**		Functional Area: Clinical Care **Chart Review – Non-Hospital Services**	
Approved By: (Signature on File) **Signed version available upon request** **Alexandra Rechs, LMFT** Program Manager, Quality Management			

Background/Context:

The Child and Adolescent Needs and Strengths (CANS) is an assessment tool that incorporates the principles of strength based treatment planning, client and family driven services, recovery and resiliency. These principles align with the Division of Behavioral Health (BHS) principles and Mental Health Services Act (MHSA) essential elements. The Mental Health Plan (MHP) chose the CANS to be used to assess children/youth in the Flexible Integrated Treatment (FIT) and WRAP programs as part of a pilot in 2010. The CANS was piloted at five sites to aid in assessment and treatment planning, and in the evaluation of client, agency and system level outcomes, with the goal of system wide implementation over the next two years.

Starting in 2013, it was the expectation that in conjunction with the implementation of the Electronic Health Record (EHR) AVATAR, all Child and Adolescent Mental Health Providers will require CANS training and certification for all direct service staff that will be completing or contributing to Core Assessments with children, youth and families. Once staff became certified, the CANS was to be used during assessment, Client Plan creation, treatment evaluation, care coordination and transitions.

In 2017, the Department of Health Care Services (DHCS) selected the Child and Adolescent Needs and Strengths (CANS) tool, along with the Pediatric Symptoms Checklist (PSC-35), to measure child, youth and transition age youth (TAY) functioning with a plan for statewide implementation in 2018. On October 1, 2018, Sacramento County implemented the California-specific version called the CA-CANS 50 along with maintaining some county specific items as well as two county specific domains (i.e., Transition Aged Youth Domain and the Individualized Assessment Module: Traumatic Stress Symptoms). Sacramento BHS has partnered with the Praed Foundation Transformational Collaborative Outcomes Management (TCOM) Training for certification and re-certification online. In addition to utilizing the updated CANS, Providers must also discuss and share the CANS assessment results within their existing Child and Family Team (CFT) process. Both Mental Health and Child Welfare complete the CANS 50 along with some unique additions. Child Welfare Providers also complete the CANS 50 plus 12 additional trauma items for client ages birth-21. Child welfare also administers an Early Childhood CANS for the 0-5 age group.The goal of integrating the CANS in the CFT is to have a collaborative, family-centered assessment process with the family and CFT. The CANS is intended to inform

the CFT in several key areas, including but not limited to: Determining if child, youth, or non-minor dependent (NMD) has unmet mental health or substance use disorder needs; Making placement decisions; Informing the level of care protocol; Determining educational needs; Identifying any immediate support needs of the family or care provider, such as coaching or respite care; and/or Developing a comprehensive plan to support safety, permanency and well-being. The CANS will help CFT members to assess well-being of children/youth, identify and prioritize actions regarding needs and strengths, use team-based decision-making, help to inform treatment planning and support care coordination. This is done through the use of open communication, engagement and consensus building. The CFT members should prioritize the agreed-upon actionable items of the CANS to ensure the services are effectively impacting the family's individual needs and whether the items need to be reassessed in order to revise Client Plan goals and service needs. This also helps with the goal of having one CANS per child/youth so that all those invested in the child/youth are addressing the same needs and utilizing strengths to help the child/family reach their goals. Both Child Welfare and Mental Health must share with each other completed CANS assessments and their resulting identified outcomes for children assessed and/or served by both agencies to avoid unnecessary duplication. If a youth was already assessed by Child Welfare and is admitting the MHP, then upon receiving the CANS results from child welfare, mental health providers should consider whether any updates to the CANS ratings are appropriate. Items specific to the mental health CANS should also be completed. The initial CANS should be entered into the EHR. The mental health providers will select the ''Initial'' box when entering initial CANS data into the CANS Assessment in the EHR.

Definitions:

As used in this policy, the following capitalized terms shall have the following meanings:

Client/Family: The child/youth who receives or could receive behavioral health services and who the child/youth defines as family. If the child is too young to provide input into the definition it is recommended that a definition of family includes biological relatives and current caregivers that are actively involved with the child's treatment and day-to-day care.

Child and Family Team: A team of people involved in a shared vision with the family and facilitated by the Intensive Care Coordinator. The team's purpose is to ensure that children/youth and families successfully transition out of the child welfare system, achieve permanency and other positive outcomes. Child and Family Teams are required within 60 days of determining eligibility for Intensive Care Coordination Services and then every 90 days thereafter. A child or family does not have to be involved with Child Welfare to have a Child and Family Team.

County: Sacramento County Division of Behavioral Health Services, Mental Health Plan.

Mental Health Provider(s): Individual or organizational provider contracted with Sacramento County Division of Behavioral Health, Mental Health Plan to provide mental health services. Mental health services are defined as, "assessment, diagnosis, treatment or counseling in a professional relationship to assist an individual, family or group in alleviating mental or emotional illness, symptoms, conditions or disorders that interfere with day-to-day functioning." This also includes County operated mental health program staff.

PSC-35: A psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible. Parents/caregivers will complete PSC-35 (parent/caregiver version) for children and youth ages 3 up to age 18. The PSC-35 follows the same timeline requirements as the CANS. Translated versions of the form can be located at: https://www.massgeneral.org/psychiatry/treatments-and-services/pediatric-symptom-checklist/

Purpose:

The purpose of this policy is to provide direction for the training, administration and clinical use of the Child and Adolescent Needs and Strengths (CANS) assessment tool for Mental Health Providers that serve children, adolescents and transition-age youth ages 6 up to the age of 21. This policy also provides guidance regarding the requirement of incorporating the CANS into the CFT process when there is an existing CFT.

Details:

All staff must receive training and achieve user certification status prior to administering the CANS to Clients and/or Caregivers. Staff that have the qualifications to meet the requirements for Licensed Practitioner of the Healing Arts (LPHA), LPHA Waived, Student Interns, or Mental Health Rehabilitation Specialist (MHRS) and Adult Provider Mental Health Assistant (MHA) III classifications will be able to complete this form with Clients under their scope of practice privileges.

Training

A. The user must achieve an inter-rater reliability score of 70% or greater to be a certified user.
B. Providers will register for CANS Certification Training through the Praed Foundation Transformational Collaborative Outcomes Management (TCOM) Training for certification and re-certification online at www.TCOMTraining.com
    a. Select the, “California, Behavioral Health- Sacramento County Bundle.”
    b. Select the, “Sacramento CANS 2.0.”
    c. Providers will review the Domains, Exams and the Practice Exam and then take the Certification Exam. Certification Exam test result will be available electronically upon submitting ratings based on the vignette.
C. Providers will print Certification or Re-certification and provide it to their Agency Designee.
    a. Agency Designee will send all certifications and re-certifications to QMTraining@saccounty.net.
    b. Use the following naming convention on the certificate: Provider, Last Name, First Name, Date of Certification
D. A list of approved CANS users will be maintained by the County. A staff **may not** administer the CANS without proof of certification.
E. Each Provider will ensure that supervisors/managers are trained in the CANS and that directors/executives receive an overview of the CANS training.

Administration

A. The CANS will be initially completed with the Client/Family within the first 60 days from the Assessment Start Date or first Medi-Cal billable service or prior to the initial Client Plan completion date.
B. The CANS will be reviewed and updated with Client/Family a minimum of every six months from the first CANS Assessment (or more frequently if clinically indicated to measure progress and revise the Client Plan) and within the last 30 days prior to discharge. Reasons to review/update the CANS include changes in environment or client/family functioning.
C. If a staff is not certified yet to complete a CANS, then that staff will need to work with another certified staff at that Provider Site to ensure the CANS is completed according to timelines specified in Administration Items A and B.
D. The CANS will be provided in an interactive process, with the Client/Family reviewing CANS ratings, in a client-centered and transparent manner.
E. The CANS assessment results must be shared, discussed, and used when there is an existing CFT process. Sharing of the documents or results must be included on the releases of information that are completed as part of the CFT process.
    a. Prior to discussing the CANS in the CFT Meeting, the Provider will explore the Client/Family's comfort level with discussing the CANS within the CFT and help them understand the CFT process (e.g., the purpose, who they would like to attend and the process, if applicable).
    b. The CFT will decide the agenda together, discuss confidentiality and team agreements.
    c. CANS items should be woven throughout the CFT meeting as consented and authorized by the Client/Family (e.g., what is working, strengths and concerns, needs and goals, action planning possible follow up activities, services and referrals based on CANS ratings, evaluation and re-assessing roles and responsibilities).
    d. Client Plans will be updated based on CANS assessment from the team.
F. The ratings will be entered into the electronic health record, Avatar for Avatar Users. Providers with their own EHR will enter ratings in their EHR and into a county approved database at the Provider Site. Avatar Reports are available for the staff in real time to aid in treatment planning. The staff will be expected to share the results with Client/Family within 30 days of administration and prior to treatment planning.
G. Provider sites that are not using Avatar as their EHR will provide CANS spreadsheets monthly by the 5th of the following month. These are sent to REPO@saccounty.net.
H. If a Client is transferred from one Provider to another, the two programs will work together to ensure that a CANS review/update is complete prior to discharge.
    a. The "receiving" Provider has the option to review/update the CANS at admission if it is in the Client/Families' best interest. Otherwise the Provider should use the prior completion of the CANS for baseline functioning and treatment planning. These reviewed CANS ratings would be entered in the "receiving" Providers episode.
    b. In any event, the "receiving" Provider will review/update the CANS no later than six (6) months from a prior completion of CANS.

Billing and Documentation

A. The CANS does not replace the Core Assessment, but will supplement the assessment process. Completion of the CANS with the Client/Family is billed to the assessment code (93010 or 93020 or 93030).
B. Subsequent to the initial assessment, the CANS information may be utilized in a variety of ways. For example: When the information collected in the CANS is used to inform and create the Client Plan with the Client/Family, it would be included in the Plan Development progress note and billed to the Plan Development code (98500).
   OR
   When the information is used as part of providing feedback to a Client/Family regarding progress in treatment, it would be incorporated into the progress note and billed accordingly to one of the following codes: Rehabilitation (94000), Individual Therapy (97010 or 97020 or 97030), or Collateral (95010, 95020 or 95030).
   OR
   When the information is discussed within the ICC-CFT for purposes of care coordination and shared decision-making, it is billed using the code: ICC-CFT.
C. Clinical notes must document the way the CANS is being integrated into the care.
D. The CANS ratings must be considered and integrated into the Client Plan. Any CANS needs items rated as a 2 or 3 must be factored into the Client Plan Objectives and the Intervention section, if applicable. As an example, a “2” for the “Medical/Physical” may require the intervention of supporting the Client in connecting with their PCP/Pediatrician. If there is a need identified that is not addressed within the Client Plan, then there must be documentation within the associated Plan Development progress note. The note should reflect the consideration of the need and clinical rationale for not including it within the Client Plan. As an example, documentation should reflect the Client/Family chose to wait to address the CANS Need Item, “Sleep” because they chose to prioritize CANS items related to safety and risk for this Client Plan.

Reference(s)/Attachments:

- All County Letter (ACL) NO. 18-09
- All County Letter (ACL) NO. 18-81
- All County Letter (ACL) NO. 18-81E
- MHSUDS IN# 17-052
- MHSUDS IN# 18-007
- MHSUDS IN# 18-048
- Sacramento County CANS-50 and PSC-35: State Mandated Performance Outcome Assessment Tools – DHCS MHSUDS INFORMATION NOTICE NO.: 17-052 (9/6/2018)
- Sacramento County UPDATE - CANS-50 and PSC-35: State Mandated Performance Outcome Assessment Tools – DHCS MHSUDS INFORMATION NOTICE NO.: 17-052 (10/24/2020)

Related Policies:

- QM-03-07 Staff Registration P&P
- QM-10-26 Core Assessment P&P
- QM-10-27 Client Plan P&P
- QM-10-27 Discharge P&P
- QM-10-30 Progress Notes P&P
- QM-10-34 Adult Needs and Strengths Assessment (ANSA) Standards P&P
- QM-10-33 Pediatric Symptom Checklist (PSC-35) P&P
- CCES 01-03 Documentation Translation Method and Process

Distribution:

Enter X	DL Name
X	Mental Health Staff
X	Children's Contract Providers
X	Adult Contract Providers
	Substance Use Prevention and Treatment
	Specific grant/specialty resource

Contact Information:

Quality Management Information
QMInformation@saccounty.net